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| ADRC COMPLAINT AND APPEAL POLICY AND PROCEDURE | DATE ISSUED: | PAGE: 1 of 8 |
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This procedure is intended to resolve issues related to customer rights, complaints and appeals related to the work of the Aging and Disability Resource Center (ADRC). The goal of the complaint and appeal procedure is to allow users of the ADRC to exercise their due process rights with a simple and easily understood process.

The ADRC will cooperate with any investigations or review of appeals and complaint investigations conducted by the Wisconsin Department of Health Services, or an external advocacy agency.

A. Definitions

1. **Complaint:** A grievance, difficulty, disagreement or dispute. An expression of dissatisfaction about a situation that the person making the complaint wants to see rectified.
2. **Grievance:** A complaint.
3. **Appeal:** An official request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination or denial of services provided as part of a public benefit.
4. **Complainant:** An ADRC customer, or person acting on the customer's behalf, to express or file a complaint or appeal.

B. Informing and Assisting Customers in Exercising Their Rights Procedures

1. **Who Can Submit a Complaint.** Any ADRC customer, or person acting on a customer's behalf, may express or file a complaint. All ADRC staff will refrain from any reprisal or threat of reprisal against any customer registering a complaint.
2. **When Customers Will Be Informed of Their Rights.** All customers of the ADRC will be given the complaint and appeal brochure with information on their rights, the complaint procedure, and contact information for external advocacy agencies as soon as practical and when staff have reason to believe the person is dissatisfied. Staff will explain the process and provide assistance as necessary in submitting a formal complaint or appeal. Individuals making a simple request for information which can be immediately met by the ADRC need only have access to complaint and appeal information upon request.

In addition, the rights and complaint procedures will be posted for customers to view in a manner that is understandable to all.

3. **When Customers Will Be Provided the External Complaint and Appeal Procedures.** Customers utilizing the ADRC are entitled to access an external review process through the Wisconsin Department of Health Services (DHS) and the State Fair Hearings process in addition to the ADRC complaint process. Customers are not precluded from using any or all complaint and appeal processes outlined in this policy and in any order.

C. ***Informal Internal Complaint Procedure***

1. **Definition of Informal Internal Complaint.** An informal internal complaint is any concern or complaint expressed to staff or a supervisor of the ADRC related to any service of the ADRC.
2. **Customer Process for Expressing an Informal Complaint.** A customer may make an informal complaint verbally or in writing. Informal complaints may also be identified through suggestion boxes, surveys, phone calls, e-mail, etc. Any customer may use the complaint procedure. This procedure does not limit a customer from pursuing other remedies, including legal actions.
3. **Procedure for Responding to an Informal Complaint.**
 - a. **Listen to Complaint.** ADRC staff who receive a complaint should encourage customers to discuss their concerns or complaints with the staff most directly involved. Customers can request that the person's supervisor be involved in this informal resolution process.
 - b. **Timeliness.** Wherever possible, the ADRC shall attempt to resolve any complaint at the time it is presented.
 - c. **Documentation.** Documentation of the complaint, steps taken toward resolution, and conclusions should be completed by staff in the [*client tracking database*].
 - d. **Inform Customer of Formal Process.** If the customer is not satisfied with the conclusions of the informal process, the complainant should be informed verbally and in writing of the formal complaint process. Assistance should be given to customers in understanding the process or in the completion of the formal complaint. Customers are not required to go through the informal process before utilizing the formal process described below. Customers have 10 days from the conclusion of the informal complaint process to request a formal internal process.

D. ***Formal Internal Complaint Procedure***

1. **Definition of Formal Internal Complaint.** Complaints with an expectation that management will investigate and provide a written summary of findings, propose a resolution, and take action.

2. Customer Process for Filing a Formal Complaint

- a. **Complaint Form.** It is preferred that the customer, or person acting on the customer's behalf, use the attached form to make a formal complaint. Utilizing the form helps to ensure that full information is provided and makes it easier for the ADRC to respond to the customer's concerns. However, customers can also use their own format for writing their complaint or can express their concerns verbally.
- b. **Where to Return Complaint.** The form/complaint may be returned by e-mail, mail, or delivered to the ADRC office.
- c. **Timeframes.** Complainants should make their formal complaint, either verbally or in writing, to the ADRC manager within 45 days of the occurrence of the event. An extension to the 45-day time limit can be granted by the ADRC manager for a good cause. The ADRC has 10 business days from the day it receives the complaint to complete their internal process described below.

3. ADRC Procedure for Responding to a Formal Complaint

- a. **Meeting with Participants.** The ADRC manager shall arrange to meet with the complainant and the customer, if different, and any staff person named in the complaint. When a complaint is related to EBS services an Agency Director shall share a copy of the complaint with the Benefit Specialist Supervising Attorney who is responsible for the EBS' individual case handling.
- b. **ADRC Manager Role in Responding to Formal Complaint.**
 1. The manager shall identify/clarify the matter or issues and explain the process for resolving the complaint.
 2. Assistance will be offered to the complainant in putting the complaint in writing if this has not already occurred.
 3. A copy will be made available to the complainant.
 4. The manager shall attempt to resolve the complaint at this meeting.
 5. If this is not possible, the manager shall conduct an inquiry into the incident or conditions that led to the complaint.
- c. **Investigation.** If further inquiry/investigation is necessary, the ADRC manager response may include interviews with relevant persons, a record review, or other efforts that are necessary to form an accurate and factual basis for the resolution of the complaint.
- d. **Report/Documentation.** The manager will prepare a written report that summarizes the complaint, and a finding of founded (a violation has occurred) or unfounded (the complaint is without merit). The written report shall include:

1. The name of the contact person (ADRC manager) for complaints;
2. The date the decision was reached;
3. A summary of the steps taken on behalf of the customer to resolve the issue;
4. An explanation that if the customer disagrees with the decision he/she has a right to a Wisconsin Department of Health Services review (formal external review) or to a State Fair Hearing;
5. How to file for a review by the Department and through the Fair Hearing process;
6. If the complaint is determined to be founded, the report shall describe the specific adjustments recommended for resolving the issue. Where appropriate, the recommendations shall include a time line for carrying out the adjustments/correction;
7. If the complaint is determined to be unfounded, but the manager has identified issues that appear to affect the quality of services, the report should include suggestions for improvement;
8. Copies of the report shall be sent to the customer, or complainant if other than the customer.

- e. **Timelines for Investigation.** In non-emergency situations the manager shall complete his/her inquiry and submit the report within 10 days from the date the complaint was first presented.

In emergency situations the manager shall complete the inquiry and submit a report within 5 days from the date the complaint was first presented.

- f. **Resolution and Closure.** If the ADRC manager, the customer or the complainant, agrees to the facts, conclusions and/or recommendations of the report, the complaint is considered to be resolved.
- g. **Information Related to the Formal External Review.** If the complainant disagrees with the facts, conclusions or recommendations, the manager may attempt to seek an agreeable resolution. If this is not possible, the complainant will be informed about the Formal *External* Review process.

E. **External Review Process and Procedure**

1. **Definition.** A complaint made to the Wisconsin Department of Health Services with the expectation that the appropriate agency will complete a timely review, investigation and analysis of the facts in an attempt to resolve concerns and problems expressed by a complainant.
2. **Customer Process for Requesting an External Review.** The ADRC will provide access to the external complaint resolution review through the Wisconsin Department of Health Services at any time upon request of the

customer or *after the internal* complaint resolution process is concluded. The ADRC will assist the customer wishing to request an external review to access the following resources:

3. **Complaints Relating to Services Provided by the ADRC.** Complaints related to services provided by an ADRC should be made directly to the Wisconsin Department of Health Services by writing, calling, or e-mailing:

Aging and Disability Resource Center Complaints
Office for Resource Center Development
Division of Long-Term Care
Wisconsin Department of Health Services
P.O. Box 7851
Madison WI 53707-7851
Phone: 608.266.2536
Fax 608.267.3203
E-mail: DHSRCTeam@wisconsin.gov (Please indicate "ADRC Complaint" in the subject line)

F. **Process and Procedure**

1. **Definitions.**

- a. An **appeal** is an official request to change the outcome of a determination related to eligibility for public benefits or the reduction, elimination or denial of long-term care services covered under Wisconsin Medicaid, Family Care, Partnership or IRIS.
- b. A **fair hearing** means a de novo proceeding under ch. HA 3, Wis. Admin. Code before an impartial administrative law judge in which the petitioner or the petitioner's representative presents the reasons why an action or inaction by the Department, a county agency, an ADRC or a MCO in the petitioner's case should be corrected.

2. **ADRC Process for Notifying People of Functional Ineligibility and Appeal Rights.** If a person is functionally ineligible, ADRC staff will send the [Notice of Denial of Functional Eligibility](#) with appeal rights to the customer. If a person meets a non-nursing home level of care, ADRC staff will send the [Notice of Non-Nursing Home Level of Functional Eligibility](#).

3. **Customer Process for Requesting a State Fair Hearing.**

- a. A customer may directly appeal to the Office of Hearings and Appeals within 45 calendar days after receipt of notice of a decision/adverse action or failure to act regarding the following types of appeals:
 1. Complaints about functional ineligibility including a determination of a non-nursing home level of care.
 2. Complaints about financial ineligibility for long term care benefits.

- b. For all other matters, the Wisconsin Department of Health Services review process should be utilized prior to using the Fair Hearing process.
- c. **Requests for a Fair Hearing shall be filed in writing with the Division of Hearings and Appeals in the Department of Administration:**

Family Care Request for Fair Hearing
c/o DOA Division of Hearings and Appeals
P.O. Box 7875
Madison WI 53707.7875
Phone: 608.266.3096
608.264.9853 (TTY)
Fax 608.264.9885

To access the State Fair Hearing Request Form on line:
<http://www.dhs.wisconsin.gov/forms/F0/f00236.doc>

G. Staff Training and Education

- 1. Staff will be trained to support customers by presenting themselves as empathic, supportive, and professional. It is expected that all staff will learn to encourage customers to express their concerns as a way to address ongoing quality improvement within the ADRC.
- 2. Staff will have training on steps necessary to investigate complaints.
- 3. ADRC staff will be familiar with all advocacy organizations available to members and when they should be referred.
- 4. Staff will be familiar with internal policies and procedures for assisting customers who wish to file a complaint to assure consistency of the customer experience.
- 5. Staff will be educated and trained related to the Fair Hearing process.

H. How the ADRC will Monitor Complaints

- 1. All complaints related to the work of the ADRC will be tracked as part of the discovery process to determine single events and/or trends.
- 2. Data will be used to devise methods to improve customer service by sharing the information with staff.
- 3. Board members will be included in the summary review of complaints to help them identify unmet needs within the service area of the ADRC and to assist in identifying areas in need of quality improvement.
- 4. Annually, information will be shared with ORCD to identify statewide issues and activities related to quality improvement opportunities.

Aging and Disability Resource Center of _____

COMPLAINT FORM

(Page 1)

To help us ensure that we understand your complaint and can respond promptly, please complete this form and return to:

[INSERT LOCAL ADRC CONTACT INFORMATION]

YOUR NAME:

NAME OF CUSTOMER (if different):

YOUR ADDRESS:

Street address, apartment number (if any)

City, State, Zip Code

YOUR PHONE NUMBER:

PLEASE DESCRIBE YOUR COMPLAINT:

Please be as specific as you can. Include any names or dates as this may help resolve your complaint. You can use the back of this form or attach additional information to describe your complaint. You can also ask the ADRC for help in completing this form.

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COMPLAINT FORM

(Page 2)

Please tell us HOW WOULD YOU LIKE TO SEE YOUR COMPLAINT RESOLVED:

[illegible]

Signature_____ **Date**_____